

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

TRUSTEES OF THE NATIONAL
ELEVATOR INDUSTRY PENSION
FUND,

Plaintiff,

v.

DALLAS CAVINESS, D.C. c/o
RHONDA CAVINESS, AND
ROBERT W. CAVINESS,

Defendants.

CIVIL ACTION NO.

2:08-cv-162-MEF

**DEFENDANTS', DALLAS CAVINESS AND D.C. c/o RHONDA CAVINESS,
REQUEST FOR ADMISSIONS TO TRUSTEES OF THE NATIONAL ELEVATOR
INDUSTRY PENSION FUND**

COMES NOW, the defendants, Dallas Caviness and D.C. c/o Rhoda Caviness, and submits the following request for admissions to be answered by the plaintiff, Trustees of the National Elevator Industry Pension Fund:

1. Admit that the Enrollment and Information Changes form, attached hereto as **Exhibit A**, is not the beneficiary designation form prescribed by the Trustees pursuant to section 6.04 of the National Elevator Industry Pension Plan, as amended in March 1998.

2. Admit that the National Elevator Industry Pension Plan Designation Form for Pre-Retirement Death-In-Service Benefit for Designated Beneficiary of an Unmarried Active Member, attached hereto as **Exhibit B**, is the only beneficiary designation form prescribed by the Trustees pursuant to section 6.04 of the National Elevator Industry Pension Plan, as amended in March 1998.

3. Admit that **Exhibit B**, attached hereto, is a true and correct copy of the National Elevator Industry Pension Plan Designation Form for Pre-Retirement Death-In-Service Benefit for Designated Beneficiary of an Unmarried Active Member.

4. Admit that at the time of his death on January 25, 2007, George W. Caviness, Jr. did not have a designated beneficiary form on file with the NEI Pension Fund.

Respectfully submitted,

/s/ John W. Dodson

John W. Dodson (ASB-9724-D65J)

Attorney for Rhonda Caviness Pierce and D. C.

OF COUNSEL:

FERGUSON, FROST & DODSON, LLP

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CERTIFICATE OF SERVICE

This is to certify that on this the 15th day of August 2008, I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system which will send notification of such filing to the following:

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/s/ John W. Dodson
OF COUNSEL

EXHIBIT

A

**ENROLLMENT AND INFORMATION CHANGES
NATIONAL ELEVATOR INDUSTRY BENEFIT PLANS**
(Not to be used for Elevator Constructors Annuity and 401(k) Plan)

(Please type or print in ink-Complete entire form)
PLEASE READ REVERSE SIDE

- ☐ Helper - New to Trade
☐ Active Employee ☐ Retired
☐ Address Change - This does not require Notarization
☐ Dependent Add or Change - Provide required documentation (SEE REVERSE SIDE)
☐ Beneficiary Add or Change

Employee Name _____ Soc. Sec. No. _____ - - -
 Address _____
 City _____ State _____ Zip Code _____ Home Telephone No. () _____
 Birth Date _____ Marital Status _____ Hire Date _____ Union Local No. _____

Failure to list eligible dependents and to supply required documentation may result in a denied Health Plan claim. False information may result in loss of eligibility and/or prosecution. (Spouses, children under age 19, full-time students under age 25, handicapped or disabled children are eligible dependents.)

Eligible Dependents

Last Name	First	Initial	Soc. Sec. No.	M / F	Date of Birth Month/ Day/Year	Relationship

Beneficiary Information

Name	Soc. Sec. No.
Address	Date of Birth
City	State
	Zip
Relation to Employee	Share %
	Home Phone No. ()

Beneficiary Information

Name	Soc. Sec. No.
Address	Date of Birth
City	State
	Zip
Relation to Employee	Share %
	Home Phone No. ()

(FOR ADDITIONAL AND/OR CONTINGENT BENEFICIARIES USE SEPARATE SHEET)

I hereby designate the above to be beneficiary or beneficiaries of any benefits due from the National Elevator Industry Pension and Health Benefit Plans, including life insurance. This designation revokes any prior designation inconsistent herewith. I reserve the right to change a beneficiary designation at my discretion and understand that any change is not effective unless this form is properly completed and received by the Benefits Office. If more than one beneficiary is named, payment shall be made to each in equal shares unless otherwise indicated in Share %'s. The total of all Share %'s must equal 100.

Signature of Employee _____ Date _____

Sworn to or affirmed and subscribed before me, a Notary Public, this _____ day of _____, 20____

Notary Public _____

Complete and Return Immediately to the National Elevator Industry Benefits Office at:
 19 Campus Blvd. Suite 200
 Newtown Square, PA 19073-3288



**NATIONAL ELEVATOR INDUSTRY PENSION PLAN
DESIGNATION FORM FOR PRE-RETIREMENT DEATH-IN-SERVICE BENEFIT
FOR DESIGNATED BENEFICIARY OF AN UNMARRIED ACTIVE MEMBER**

(Only to be used for unmarried active participants in electing a beneficiary for pre-retirement benefit)

(Please type or print in ink – Complete entire form)

Employee Name _____ Soc. Sec. No. _____ - _____ - _____
Address _____ Home Telephone No. _____
City _____ State _____ Zip Code _____
Birth Date _____ Hire Date _____ Union Local No. _____

BENEFICIARY INFORMATION

PRIMARY BENEFICIARY (One Person only - may not be an Estate or a Trust)

Name _____ Soc. Sec. No. _____ - _____ - _____
Address _____ Date of Birth _____
City _____ State _____ Zip Code _____
Relation to Employee _____ Home Telephone No. _____

ALTERNATE BENEFICIARY (One Person only – In the event the Primary Beneficiary Predeceases the Employee)

Name _____ Soc. Sec. No. _____ - _____ - _____
Address _____ Date of Birth _____
City _____ State _____ Zip Code _____
Relation to Employee _____ Home Telephone No. _____

I swear or affirm that I am unmarried and hereby designate the above to be beneficiary of the pre-retirement benefit due from the National Elevator Industry Pension Plan. This designation revokes any prior designation inconsistent herewith. I understand that this designation is not effective unless this form is properly completed and received by the NEI Benefits Office. I reserve the right to change the beneficiary at my discretion and understand that any change is not effective unless this form is properly completed and received by the NEI Benefits Office. **I understand that only one person can be named to receive this benefit, that I cannot name an Estate or Trust to receive this benefit and that this form becomes invalid if I subsequently marry.**

Signature of Employee _____ Date _____

Sworn to or affirmed and subscribed before me, a Notary Public, this _____ day of _____, 20____

Notary Public

Complete and Return Immediately to the National Elevator Industry Benefits Office at:
19 Campus Blvd., Suite 200
Newtown Square, PA 19073-3288